FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 819977

FILED								
Mar 17, 1999 8:00 am								
Secretary of State								
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03-17-1999 90026 001 *2,100.00

KIMCO DELAWARE INC.							
						ELECTRICAL PROPERTY.	
Principal Place of Business Mailing Address					10010 1910 11016 1014 1611 1601 1801	OLON ORDIN DINKS BADIN	BIBIL BIBIL IBBL
KIMCO REALTY CORP. KIMCO REALTY CORP.							
P.O. BOX 5020 P.O. BOX 5020					DO NOT WRITE IN THIS SPACE		
NEW HYDE PK NY 11042 NEW HYDE PK NY 11042					Date Incorporated or Qualifed	1110 017102	
					10/19/1966		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					13-6115192	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22 27					J. Controdic of Citato Desired	Fee Re	equired
City & State City & State					6. Election Campaign Financing		May Be
23					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		This corporation owes the current years and Bronarty Tay	ear Intangible [] Yes	Mo
24	9. Name and Address of Currer		30		Personal Property Tax 10. Name and Address of New Regis		- 72
	9, Name and Address of Currer	it Registered Agent	81	Name	TV. Traine 2.12 , too out a series		
CT C	CORPORATION SYSTEM						
	S. PINE ISLAND ROAD		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		83				
			84	City		FL 85 Zip	Code
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	-named of the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ise of changing its appointment as re	registered egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ua Statutes				
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE, I	Registered Agen	signature re	equired when reinstaling) DA	ATE .	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	D DELETE				Change	Addition
NAME	COOPER, MILTON		12 NAME	ļ			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		13 STREET	ADDRESS			
CITY-ST-ZIP	NEW HYDE PK. NY 11042	<u></u> -	1.4 CITY-ST	-ZIP			
TITLE	D DELETE		2 1 TITLE			Change	Addition
NAME	KIMMEL, MARTIN		2.2 NAME	ļ			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		2 3 STREET				
CITY-ST-ZIP	NEW HYDE PK. NY 11042	C) perere	2 4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	P DELETE		3 1 TITLE	ļ		□ change	JAC TOURION
NAME	FLYNN, MIKE	O DOV 5000	3 2 NAME				
STREET ADDRESS	3333 NEW HYDE PARK RD., P	.O BOX 5020	33 STREET	1	10		
CITY-ST-ZIP	NEW HYDE PK. NY	☐ DELETE	3.4 CITY-S 4.1 TITLE	I-ZIP	11042	Change	Addition
TITLE	VP VEV	□ DELETE				_ s.iongs	0,
NAME	WEISS, ALEX		4 2 NAME 4 3 STREE1	ADDDCCC			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		4 4 CITY-S				
CITY-ST-ZIP TITLE	- DELETE		5 I TITLE	-ZIP		☐ Change	Addition
NAME	PAPPAGALLO, MIKE		52 NAME			- •	
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ZIP			
TITLE	S DELETE		61 TITLE			☐ Change	Addition
NAME	KAUDERER, BRUCE		62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY OT ZID	NEW HYDE DV NV 11042		6 4 CITY+S	r-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: